PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FLE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
38210 Glenn Av	7590 12/19 LL & CLARK LLF venue 7, OH 44094-7808					Cont	ificato	of Mailing or Transn	deposited with the United class mail in an envelope above, or being facsimile te indicated below.	
									(Depositor's name)	
									(Signature)	
					L				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		TOR	R A		ATTORNEY DOCKET NO. CONFIRMATION NO		
10/562,822 12/28/2005				Shouzi Yamazaki	i	SHM-16350 5836				
TITLE OF INVENTION								TOTAL FERMI DUE	DATE DUE	
APPLN. TYPE	SMALL ENTITY		FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE	: FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1510		\$300		\$0		\$1810	03/19/2009	
EXAM	ART UNIT		CLASS-SUBCLASS							
PATEL, I	3612		296-187020							
DI CASE NOTE: Un	n form a Customer	registered attorney or agent) and the names of up to								
(A) NAME OF ASSI HONDA MOTOR		(B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan								
Please check the appropr	riate assignee category or	categories						-	<u> </u>	
4a. The following fec(s) I seuc Fcc Publication Fcc (1) Advance Order -		4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0160 (enclose an extra copy of this form).								
a. Applicant claim	stus (from status indicate ns SMALL ENTITY stati	as. See 37 (, .		TITY status. See 37 CF		
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will ites Patent	not be accepte and Trademark	d from anyone other the Office.	han tl	ne applicant; a regi	stered :	attorney or agent; or th	e assignee or other party in	
Authorized Signature /David E. Spaw/				Date February 23, 2009						
Typed or printed name David E. Spaw				Registration No. 34732						
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	ntiality is governed by 35 application form to the tions for reducing this but irginia 22313-1450. DO	CFR 1.311. U.S.C. 12 USPTO. rden, shou O NOT SE	The information of the control of th	on is required to obtain 1.14. This collection is depending upon the e Chief Information C COMPLETED FORM	n or r is est indiv Office 1S TO	ctain a benefit by t imated to take 12 r idual case. Any co r, U.S. Patent and D THIS ADDRESS	he pub minutes mmcn Traden S. SEN	lic which is to file (and to complete, includin s on the amount of tin hark Office, U.S. Depa D TO: Commissioner	by the USPTO to process g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.